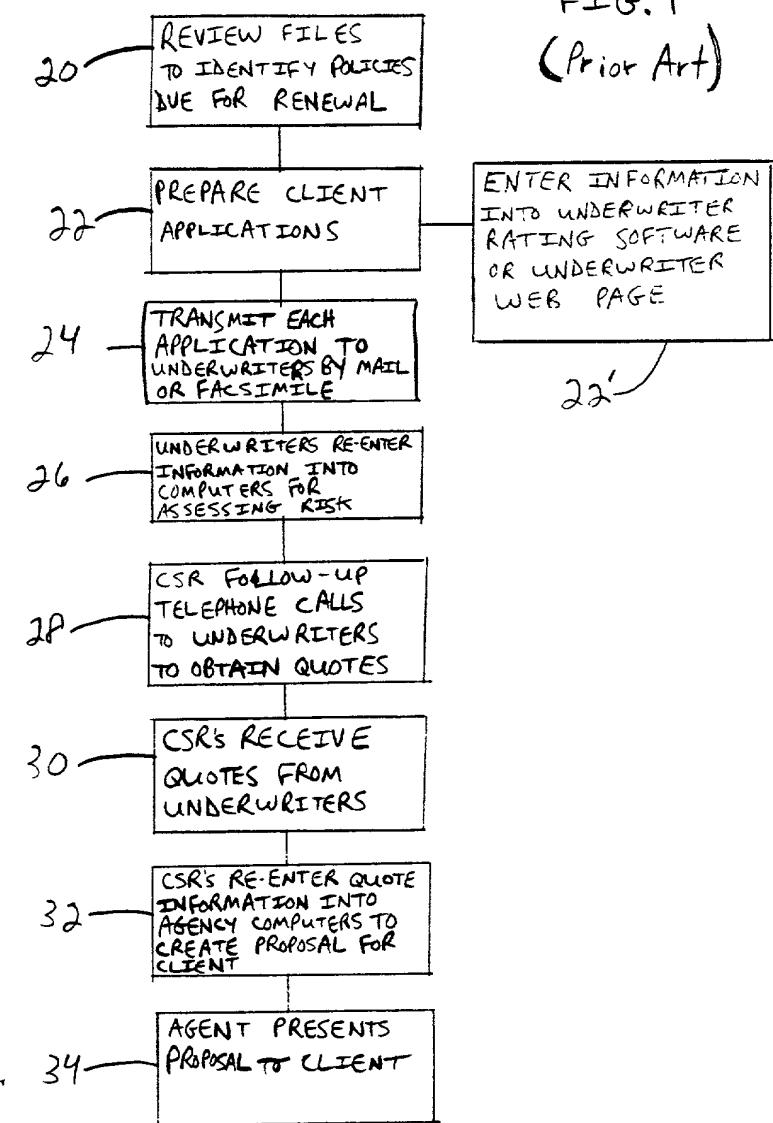


FIG. 1
(Prior Art)



ACORD. COMMERCIAL INSURANCE APPLICATION APPLICANT INFORMATION SECTION						DATE MM/DD/YY 12/13/00	
PRODUCER ACORD No. 973-884-4400 973-884-4411	CARRIER ACORD No. St. Paul Fire and Marine Insur	NAIC CODE POLICIES OR PROGRAM REQUESTED				CP ID PH UNDERWRITER	
Tribus Spectrum 8 Wood Hollow Road Parssippany NJ 07054 David Huff		INDICATE SECTIONS ATTACHED				CARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA	
CODE	SUB CODE	PROPERTY GLASS AND IRON ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY				
AGENCY CUSTOMER ID	D S H T E - 1	CRIME/MISCELLANEOUS CRIME MOTOR VEHICLE/TRACTOR CARGO	BUSINESS AUTO TRUCKERS/MOTOR CARRIER				
STATUS OF SUBMISSION		PACKAGE POLICY INFORMATION					
QUOTE X: BOUND (Give Date and/or After Copy)	ISSUE POLICY DATE 03/05/00 TIME 04:00 AM X PM	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES OR FOR MONOLINE POLICIES PROPOSED EFF DATE 03/10/00 PROPOSED EXP DATE 03/10/01				BILLING PLAN DIRECT BILL AGENCY BILL	PAYMENT PLAN AUDIT
APPLICANT INFORMATION							
NAME (First Name, Middle Name & Last Name) David Huff dahstest, Inc., Inc.							
MAILING ADDRESS (First Name, Middle Name) David Huff 1234 Main Street Fort Wayne NJ 07922							
INDIVIDUAL PARTNERSHIP INSPECTION CONTACT	X CORPORATION JOINT VENTURE NAME (First Name, Middle Name) David Montgomery	SUBCHAPTER S CORPORATION LIMITED CORPORATION PHONE (INC/INC Ext.) 908-464-3464	NOT FOR PROFIT ORGANIZATION ACCORD RECORDS CONTACT (ACORD No. Ext.) 908-464-3464				YEARS IN BUSINESS
PREMISES INFORMATION							
LOC # - BLD #	STREET CITY COUNTY STATE ZIP CODE	CITY LIMITS X INSIDE OUTSIDE	INTEREST X OWNER TENANT	YR BUILT 1984	PART OCCUPIED 25%		
01 - 01	1234 Sunset Lane Berkeley Heights NJ 07922 Union						
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)							
01 - 01	Sales and executive offices						
GENERAL INFORMATION							
EXPLAIN ALL "YES" RESPONSES		YES NO: EXPLAIN ALL "YES" RESPONSES					
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		X 6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED X					
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		X 7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR X					
3. ANY EXPOSURE TO FLAMMABLE, EXPLOSIVE, CHEMICAL?		X 8. IS THE APPLICANT A CRIMINAL OR POLITICAL ACTIVIST? X					
4. ANY CATASTROPHIC EXPOSURE?		X 9. HAS THE APPLICANT BEEN CONVICTED X					
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		X 10. HAS THE APPLICANT BEEN CONVICTED X					
REMARKS Excellent Management							
MY PERSON WHO KNOWINGLY AND WITH INTENT TO DEPRIVE ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE STATEMENT OR CONCEALMENT OF A MATERIAL FACT OR FACTS, INCLUDING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO (MY SUBSTANTIAL) CRIMINAL AND CIVIL PENALTIES.							
LAWRENCE H. HUFF SIGNATURE				PRINCIPAL SIGNATURE Signature David Huff		ACORD CORPORATION 1001	
ACORD CORPORATION 1001 ACORD CORPORATION 1001				PLEASE COMPLETE OTHER SIDE		ACORD CORPORATION 1001	

FIG. 2A
(Prior Art)

PRIOR CARRIER INFORMATION										DSHTB-1	
LINE	CATEGORY	YEARS: 98	YEARS:	YEARS:	YEARS:	YEARS:	YEARS:	YEARS:	YEARS:	YEARS:	YEARS:
CARRIER USF&G											
POLICY NUMBER GL 23456											
POLICY TYPE											
RETRO DATE											
GENERAL AGGREGATE 2000000											
PRODUCTS COMP FOR AGGREGATE 2000000											
PERSONAL & ADV INJ 1000000											
EACH OCCURRENCE 1000000											
FIRE DAMAGE 50000											
MEDICAL EXPENSE 5000											
SI BODILY OCCURRENCE											
INJURY AGGREGATE											
PROPERTY OCCURRENCE											
DAMAGE AGGREGATE											
COMBINED SINGLE LIMIT 1000000											
MODIFICATION FACTOR											
TOTAL PREMIUM 12000											
CARRIER USF&G											
POLICY NUMBER CA45678798											
POLICY TYPE COMMERCIAL											
COMBINED SINGLE LIMIT 1000000											
BODY EA PERSON											
INJURY EA ACCIDENT											
PROPERTY DAMAGE											
MODIFICATION FACTOR											
TOTAL PREMIUM 13000											
CARRIER											
POLICY NUMBER											
POLICY TYPE											
BLDI PERS AMT											
MODIFICATION FACTOR											
TOTAL PREMIUM											
CARRIER											
POLICY NUMBER											
POLICY TYPE											
JMT											
MODIFICATION FACTOR											
TOTAL PREMIUM											
LOSS HISTORY											
ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)					CHECK HERE IF NONE		SEE ATTACHED LOSS SUMMARY				
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM			DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS			
01/01/95		all claims				1500	2500	**			
01/01/96		all				1600	2600	**			
01/01/97		all				1700	2700	**			
01/01/98		all				1800	2800	**			
REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY											
<small>NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS, EMPLOYEES, OR CONTRACTORS MAY BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORITY. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US</small>											

ACCRD 125 (7/96)

FIG. 2B
(Prior Art)

FIG. 3A
(Prior Art)

CONTRACTORS		EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES NO EXPLAIN ALL "YES" RESPONSES (For past or present operations)		AUGRO-1	
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?		4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?		<input checked="" type="checkbox"/>	YES	NO	
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?		5. ARE SUBCONTRACTORS ALLOWED TO WORK W/O CERT OF INS?		<input checked="" type="checkbox"/>	YES	NO	
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?		6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?		<input checked="" type="checkbox"/>	YES	NO	
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		% OF WORK SUBCONTRACTED	# FULL TIME STAFF	# PART TIME STAFF			
PRODUCTS/COMPLETED OPERATIONS							
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)							
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		<input checked="" type="checkbox"/>	YES	NO	
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?		7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		<input checked="" type="checkbox"/>	YES	NO	
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		8. PRODUCTS UNDER LABEL OF OTHERS?		<input checked="" type="checkbox"/>	YES	NO	
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		9. VENDORS COVERAGE REQUIRED?		<input checked="" type="checkbox"/>	YES	NO	
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		<input checked="" type="checkbox"/>	YES	NO	
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACORD 45 for additional names)							
INTEREST	RANK	NAME AND ADDRESS	REFERENCE #	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER		
ADDITIONAL INSURED					LOCATION	BUILDING	
LOSS PAYEE					VEHICLE	BOAT	
MORTGAGEE					SCHEDULED ITEM NUMBER		
LIENHOLDER					OTHER		
EMPLOYEE AS LESSOR							
ITEM DESCRIPTION							
GENERAL INFORMATION							
EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				YES NO EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	YES NO		
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		9. RECREATION FACILITIES PROVIDED?		<input checked="" type="checkbox"/>	YES	NO	
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		10. IS THERE A SWIMMING POOL ON THE PREMISES?		<input checked="" type="checkbox"/>	YES	NO	
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVED (STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc.)		11. SPORTING OR SOCIAL EVENTS SPONSORED?		<input checked="" type="checkbox"/>	YES	NO	
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?		12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		<input checked="" type="checkbox"/>	YES	NO	
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?		13. ANY DEMOLITION EXPOSURE CONTEMPLATED?		<input checked="" type="checkbox"/>	YES	NO	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?		<input checked="" type="checkbox"/>	YES	NO	
7. ANY PARKING FACILITIES OWNED/RENTED?		15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		<input checked="" type="checkbox"/>	YES	NO	
8. IS A FEE CHARGED FOR PARKING?		16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?		<input checked="" type="checkbox"/>	YES	NO	
REMARKS							
ACORD 126-S (3/93) ATTACH TO APPLICANT INFORMATION SECTION							

FIG. 3B
(Prior Art)

ACORD BUSINESS AUTO SECTION										DATE MM/DD/YY							
PRODUCER PHONE: (AC No. 973-884-4400) FAX NO. (AC No. 973-884-4411)					APPLICANT (Name Address) Augros, Inc.					OP ID DR 12/13/00							
Tribus Spectrum 8 Wood Hollow Road Parsippany NJ 07054 David Huff CODE AGENCY CUSTOMER # AUGRO-1					EFFECTIVE DATE 06/27/99 EXPIRATION DATE 06/27/00 DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL <input type="checkbox"/> PAYMENT PLAN AUDIT FOR COMPANY USE ONLY					MONTHLY							
COVERAGES/LIMITS																	
COVERAGES					COVERED AUTO SYMBOLS		LIMITS			COVERAGES		COVERED AUTO SYMBOLS		LIMITS			
JABILITY <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10					CSL <input type="checkbox"/> EA PER \$ 1,000,000 BI EACH ACCIDENT \$ <input type="checkbox"/>					TOWING & LABOR <input checked="" type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		PHYSICAL DAMAGE <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7					
PERSONAL INJURY PROTECTION <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8					OR EQUIVALENT NO-FAULT COVERAGE <input type="checkbox"/> DEDUCTIBLE \$ <input type="checkbox"/>												
ADDITIONAL P.I.P. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7					TOTAL WIC \$ <input type="checkbox"/> MIE \$ <input type="checkbox"/>												
MEDICAL PAYMENTS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8					EACH PERSON \$ <input type="checkbox"/>					COMPREHENSIVE <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7							
UNINSURED MOTORIST <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7					CSL <input type="checkbox"/> EA PER \$ 1,000,000 BI EACH ACCIDENT \$ <input type="checkbox"/>					SPECIFIED CAUSES OF LOSS <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7							
UNDERINSURED MOTORIST <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7					CSL <input type="checkbox"/> EA PER \$ BI EACH ACCIDENT \$ <input type="checkbox"/>					COLLISION <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7							
HIREDBORROWED LIABILITY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8					STATES NY NJ COST OF HIRE <input checked="" type="checkbox"/> # ANY BASIS \$ <input type="checkbox"/>					STATES NY # DAYS <input type="checkbox"/> # VEH <input type="checkbox"/>		COVERAGE/DEDUCTIBLE <input checked="" type="checkbox"/> COMP \$ 500 <input type="checkbox"/> CSP \$ <input checked="" type="checkbox"/> COLL \$ 500					
NON-OWNED LIABILITY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8					STATES NY NJ GROUP TYPE NUMBER OF EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS <input type="checkbox"/>					HIREDBORROWED PHYSICAL DAMAGE <input type="checkbox"/>							
										COVERAGE IS		PRIMARY		SECONDARY			
ENDORSEMENTS, FORMS CONDITIONS																	
COVERED AUTO SYMBOLS <input type="checkbox"/> (1) ANY AUTO <input type="checkbox"/> (2) ALL OWNED AUTOS <input type="checkbox"/> (3) OWNED PRIVATE PASSENGER AUTOS					(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER <input type="checkbox"/> (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE <input type="checkbox"/> (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW					(7) AUTOS SPECIFIED ON SCHEDULE <input type="checkbox"/> (8) HIRED AUTOS <input type="checkbox"/> (9) NON-OWNED AUTOS							
DRIVER INFORMATION (Include drivers who frequently use own vehicles)																	
DRIVER #	NAME (Include address, if required)			DATE OF BIRTH		YEAR LC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER			STATE LC	JSB VEH #	% SE					
1																	
VEHICLE DESCRIPTION										SYMAGE	COST NEW						
VEH #	YEAR	MAKE	MODEL	USE	BODY TYPE	TERR	VIN	JH4KA9648TC003007									
1	1996	Acura	RL		GWG	CLASS	SIC	FACTOR	SEAT CAP	RADIUS	FARTHES TERM						
CITY, STATE, ZIP WHERE GARAGED																	
DRIVE TO WORK/SCHOOL USE										ADOL PIP	DRIVERS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC
UNDER 15 MILES <input type="checkbox"/> 15 MILES OR OVER <input type="checkbox"/> FARM <input type="checkbox"/> SERVICE <input type="checkbox"/>										PIP	TOVING & LABOR	FT	COMP	AA	ST. AMT	\$	
										PIP	UNINS MOTOR	SPEC	FTW	COLL	\$		
										PLEASE COMPLETE REVERSE SIDE							
										ACORD CORPORATION 1993							

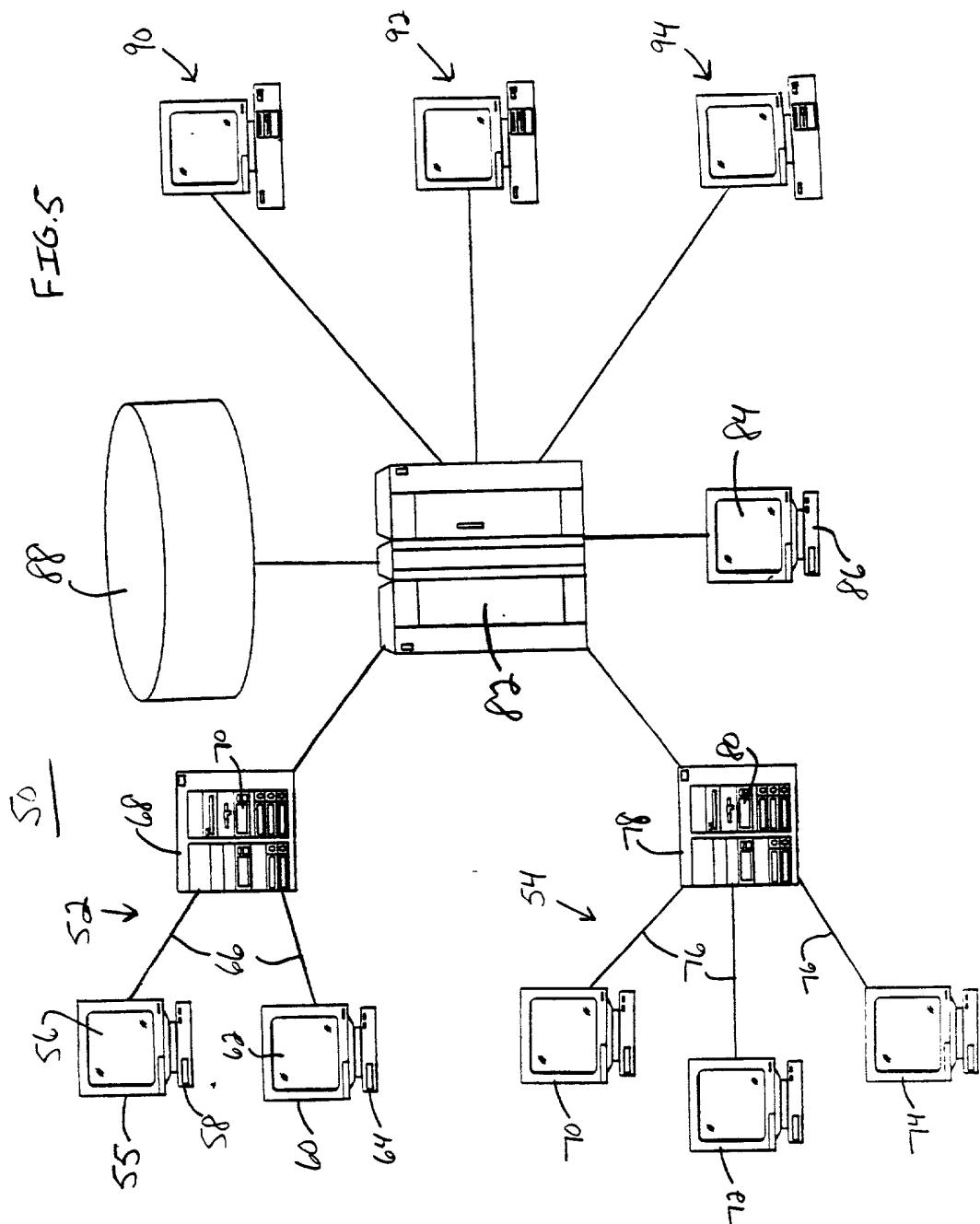
FIG. 4A
(Prior Art)

VEHICLE DESCRIPTION (continued)										SYWAGE		AUGBO-1 COST NEW					
VEH #	YEAR	MAKE	MODEL	BODY TYPE		VIN		CLASS		SC	FACTOR	SEAT CPT	RADIUS	FARTHEST TERM			
2	1996	Isuzu	NRR			JALFA12XT3700658											
CITY STATE ZIP WHERE GARAGED				TERR		GVW/GCW		CLASS		SC	FACTOR	SEAT CPT	RADIUS	FARTHEST TERM			
Ronkonkoma NJ																	
DRIVE TO WORK/SCHOOL USE				COMMCL	CHECK COVERSAGES	ADOL PIP	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ADV	COMP	COLL	SPEC			
UNDER 15 MILES				PLEASURE	RETAIL	UAS	MED PAY	TOWING	FT	COMP	AA	ST AMT	\$				
15 MILES OR OVER				FARM	SERVICE	PIP	UNINS MOTOR	SPEC	FTW	COLL	\$		COLL				
VEH # YEAR MAKE Chevy				BODY TYPE										SYWAGE COST NEW			
3	1973	Model		VIN		CCE533V104317											
CITY STATE ZIP WHERE GARAGED				TERR		GVW/GCW		CLASS		SC	FACTOR	SEAT CPT	RADIUS	FARTHEST TERM			
Ronkonkoma NJ																	
DRIVE TO WORK/SCHOOL USE				COMMCL	CHECK COVERSAGES	ADOL PIP	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ADV	COMP	COLL	SPEC			
UNDER 15 MILES				PLEASURE	RETAIL	UAS	MED PAY	TOWING	FT	COMP	AA	ST AMT	\$				
15 MILES OR OVER				FARM	SERVICE	PIP	UNINS MOTOR	SPEC	FTW	COLL	\$		COLL				
VEH # YEAR MAKE BMW				BODY TYPE		2DR								SYWAGE COST NEW			
5	2000	Model		VIN		WBABM3346YJN85845											
CITY STATE ZIP WHERE GARAGED				TERR		GVW/GCW		CLASS		SC	FACTOR	SEAT CPT	RADIUS	FARTHEST TERM			
Clair NJ																	
DRIVE TO WORK/SCHOOL USE				COMMCL	CHECK COVERSAGES	ADOL PIP	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ADV	COMP	COLL	SPEC			
UNDER 15 MILES				PLEASURE	RETAIL	UAS	MED PAY	TOWING	FT	COMP	AA	ST AMT	\$				
15 MILES OR OVER				FARM	SERVICE	PIP	UNINS MOTOR	SPEC	FTW	COLL	\$		COLL				
VEH # YEAR MAKE				BODY TYPE										SYWAGE COST NEW			
MODEL				VIN													
CITY STATE ZIP WHERE GARAGED				TERR		GVW/GCW		CLASS		SC	FACTOR	SEAT CPT	RADIUS	FARTHEST TERM			
American Honda Finance Corp.																	
INTEREST RANK NAME AND ADDRESS REFERENCE#																	
X ADDITIONAL INSURED																	
X LOSS PAYEE																	
MORTGAGEE																	
LNUHOLDER																	
EMPLOYEE AS LESSOR																	
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACRD 45 for additional names)										CERTIFICATE REQUIRED				INTEREST IN ITEM NUMBER			
INTEREST RANK NAME AND ADDRESS REFERENCE#										AMERH01				LOCATION BUILDING			
American Honda Finance Corp.														VEHICLE 1 BOAT			
200 Continental Dr. Suite 301 Newark DE 19713														SCHEDULED ITEM NUMBER			
														OTHER			
GENERAL INFORMATION																	
EXPLAIN ALL 'YES' RESPONSES										YES NO				MAXIMUM DOLLAR VALUE SUBJECT TO LOSS			
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?										X							
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?										X							
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?										X							
4. ARE ANY VEHICLES LEASED TO OTHERS?										X							
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?										X							
6. ARE ICC, PUC OR OTHER PERMITS REQUIRED?										X							
DESCRIPTION OF GARAGE/STORAGE LOCATIONS																	
REMARKS																	
UNINSURED AND UNDERINSURED MOTORISTS COVERSAGES (Check the appropriate box(es) below and sign where applicable)																	
DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IL, MD, NJ, NY, OK, OR, PA, RI, SC, WV. USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, VA, WA, WI.																	
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORISTS (UIM) COVERSAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:										SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS.							
										SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR							
										REJECTING COVERAGE ENTIRELY							
I UNDERSTAND THAT THE COVERAGE SELECTIONS MADE HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING										1. I SELECT UM AND UIM LIMITS INDICATED IN THIS APP				(APPLICANT'S SIGNATURE)			
ACORD 127 (2/95)										2. I REJECT UM BODILY INJURY COVERAGE				(APPLICANT'S SIGNATURE)			
										3. I REJECT UM BODILY INJURY COVERAGE				(APPLICANT'S SIGNATURE)			
										4. I REJECT UM PROPERTY DAMAGE COVERAGE				(APPLICANT'S SIGNATURE)			
										5. I REJECT UM PROPERTY DAMAGE COVERAGE				(APPLICANT'S SIGNATURE)			
										ATTACH TO APPLICANT INFORMATION SECTION							

FIG. 4B
(Prior Art)

VEHICLE DESCRIPTION (continued)										AUGRO-1								
VEH #	YEAR	MAKE	MODEL	BODY	CLASS	SIC	FACTOR	SEAT CPI	RADIUS	SYNAGE	COST NEW							
2	1996	Isuzu	NRR	VIN: JALFA12XT3700658	GVW/GCW						\$							
CITY STATE ZIP WHERE GARAGED Ronkonkoma NJ				TERR														
DRIVE TO WORK/SCHOOL USE COMMERCIAL CHECK COVERSAGES				ADOL PIP	UNINSNS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC							
UNDER 15 MILES PLEASURE RETAIL LAB MED PAY TOWING & LABOR				PIP	UNINSNS MOTOR	FT	COMP	AA	ST AMT	\$	C OF L							
15 MILES OR OVER FARM SERVICE PIP				PIP	UNINSNS MOTOR	FTW	COLL	\$	\$	COLL								
VEH # 1 YEAR MAKE Chevy				TYPE								SYNAGE	COST NEW					
3	1973	Model		VIN: CCE533V104317	GVW/GCW	CLASS	SIC	FACTOR	SEAT CPI	RADIUS	FARTHEST TERM							
CITY STATE ZIP WHERE GARAGED Ronkonkoma NJ				TERR														
DRIVE TO WORK/SCHOOL USE COMMERCIAL CHECK COVERSAGES				ADOL PIP	UNINSNS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC							
UNDER 15 MILES PLEASURE RETAIL LAB MED PAY TOWING & LABOR				PIP	UNINSNS MOTOR	FT	COMP	AA	ST AMT	\$	C OF L							
15 MILES OR OVER FARM SERVICE PIP				PIP	UNINSNS MOTOR	FTW	COLL	\$	\$	COLL								
VEH # 5 YEAR MAKE BMW				BODY TYPE								SYNAGE	COST NEW					
5	2000	Model	323CI	VIN: WBABM3346YJN85845	GVW/GCW	CLASS	SIC	FACTOR	SEAT CPI	RADIUS	FARTHEST TERM							
CITY STATE ZIP WHERE GARAGED Clark NJ				TERR														
DRIVE TO WORK/SCHOOL USE COMMERCIAL CHECK COVERSAGES				ADOL PIP	UNINSNS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC							
UNDER 15 MILES PLEASURE RETAIL LAB MED PAY TOWING & LABOR				PIP	UNINSNS MOTOR	FT	COMP	AA	ST AMT	\$	C OF L							
15 MILES OR OVER FARM SERVICE PIP				PIP	UNINSNS MOTOR	FTW	COLL	\$	\$	COLL								
VEH #				MODEL								SYNAGE	COST NEW					
CITY STATE ZIP WHERE GARAGED				TERR								GVW/GCW	CLASS	SIC	FACTOR	SEAT CPI	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL USE COMMERCIAL CHECK COVERSAGES				ADOL PIP	UNINSNS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC							
UNDER 15 MILES PLEASURE RETAIL LAB MED PAY TOWING & LABOR				PIP	UNINSNS MOTOR	FT	COMP	AA	ST AMT	\$	C OF L							
15 MILES OR OVER FARM SERVICE PIP				PIP	UNINSNS MOTOR	FTW	COLL	\$	\$	COLL								
ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS (Attach ACOORD 45 for additional names)																		
INTEREST	RANK	NAME AND ADDRESS		REFERENCE #	CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER											
<input checked="" type="checkbox"/> ADDITIONAL INSURED		American Honda Finance Corp.		AMERH01			LOCATION BUILDING											
<input checked="" type="checkbox"/> LOSS PAYEE							VEHICLE 1 BOAT											
<input type="checkbox"/> MORTGAGEE							SCHEDULED ITEM NUMBER											
<input type="checkbox"/> OWNERHOLDER		200 Continental Dr. Suite 301 Newark DE 19713					OTHER											
<input type="checkbox"/> EMPLOYEE AS LESSOR																		
GENERAL INFORMATION																		
EXPLAIN ALL 'YES' RESPONSES																		
1. WITH THE EXCEPTION OF ENDORSEMENTS, ARE ANY VEHICLES NOT SOLELY OWNED AND REGISTERED TO THE APPLICANT? <input type="checkbox"/> YES NO 7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL? <input checked="" type="checkbox"/>																		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? <input checked="" type="checkbox"/> 8. ANY HOLD HARMLESS AGREEMENT? <input checked="" type="checkbox"/>																		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? <input checked="" type="checkbox"/> 9. ANY VEHICLES USED BY FAMILY MEMBER(S) IF SO, IDENTIFY IN REMARKS <input checked="" type="checkbox"/>																		
4. ARE ANY VEHICLES LEASED TO OTHERS? <input checked="" type="checkbox"/> 10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS? <input checked="" type="checkbox"/>																		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT? <input checked="" type="checkbox"/> 11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? <input checked="" type="checkbox"/>																		
6. ARE CC, PLUR OR OTHER FILINGS REQUIRED? <input checked="" type="checkbox"/> 12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? <input checked="" type="checkbox"/>																		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS <input checked="" type="checkbox"/> 13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? <input checked="" type="checkbox"/>																		
MAXIMUM DOLLAR VALUE SUBJECT TO LOSS																		
REMARKS																		
UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)																		
DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, MD, NJ, NV, OK, OR, PA, RI, SC, WI. USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN OC, ME, MN, MO, VT, VA, WI																		
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:																		
1. I SELECT UM AND UM LIMITS INDICATED IN THIS APP (APPLICANT'S SIGNATURE)																		
2. I REJECT UM/BODILY INJURY COVERAGE (APPLICANT'S SIGNATURE)																		
3. I REJECT UM/BODILY INJURY COVERAGE (APPLICANT'S SIGNATURE)																		
4. I REJECT UM PROPERTY DAMAGE COVERAGE (APPLICANT'S SIGNATURE)																		
5. I REJECT UM PROPERTY DAMAGE COVERAGE (APPLICANT'S SIGNATURE)																		
ATTACH TO APPLICANT INFORMATION SECTION																		

FIG. 4C
(Prior Art)



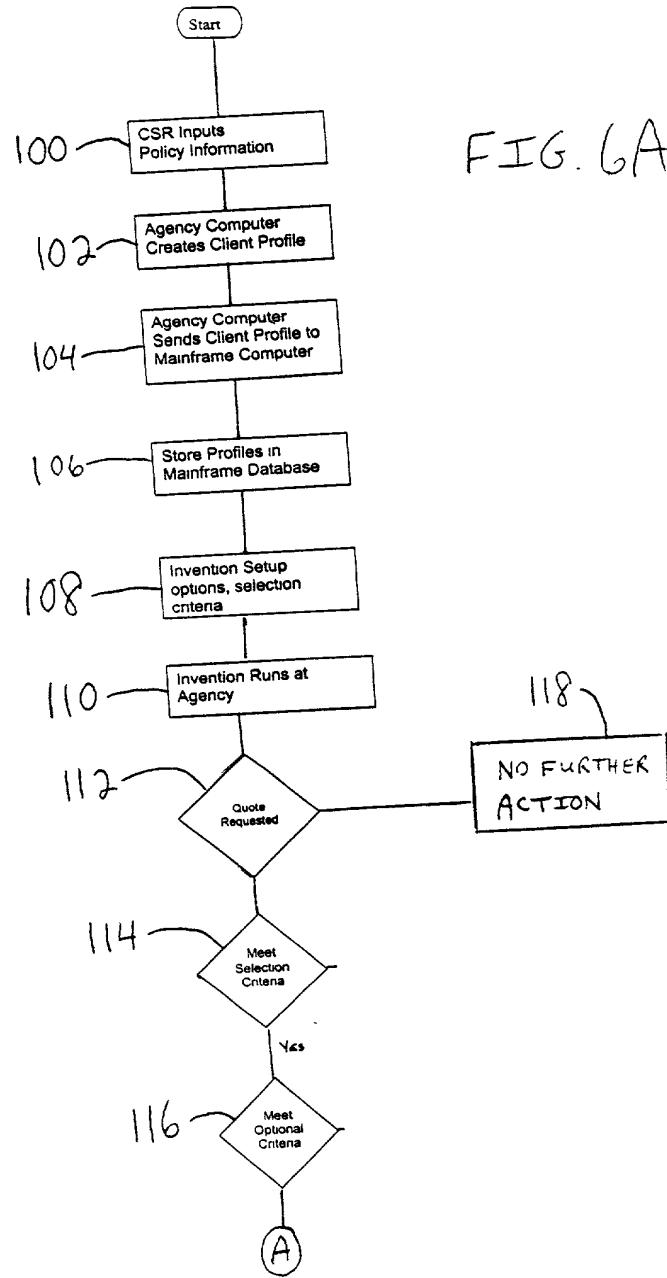


FIG. 6A

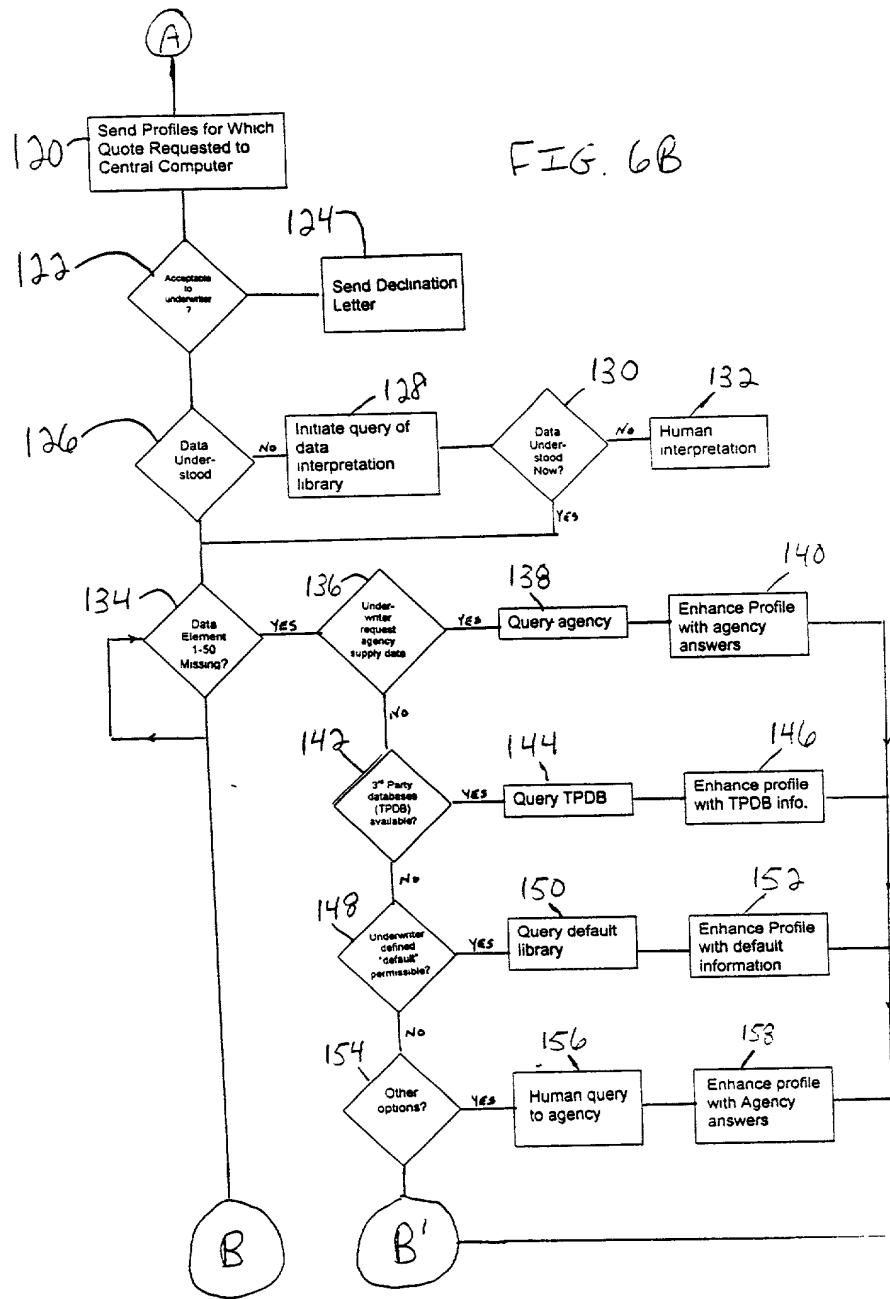
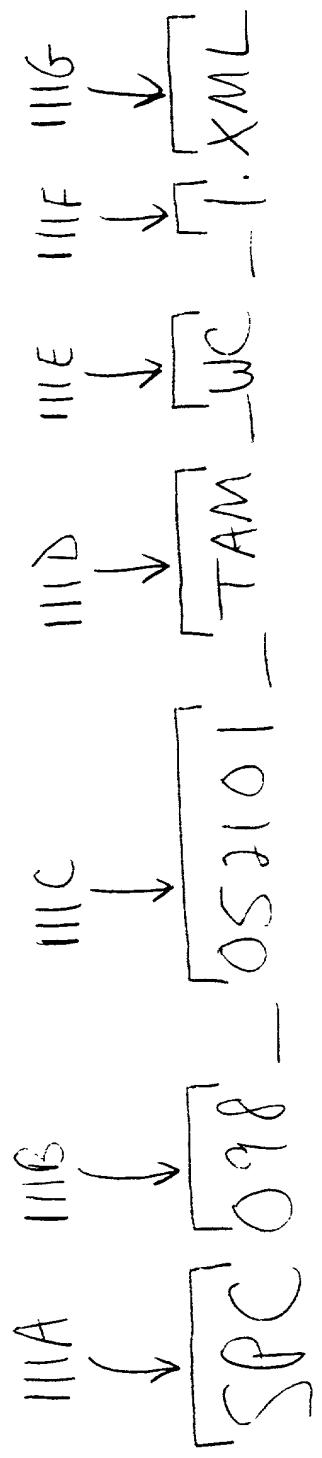


FIG. 6B

FIG. 68-1



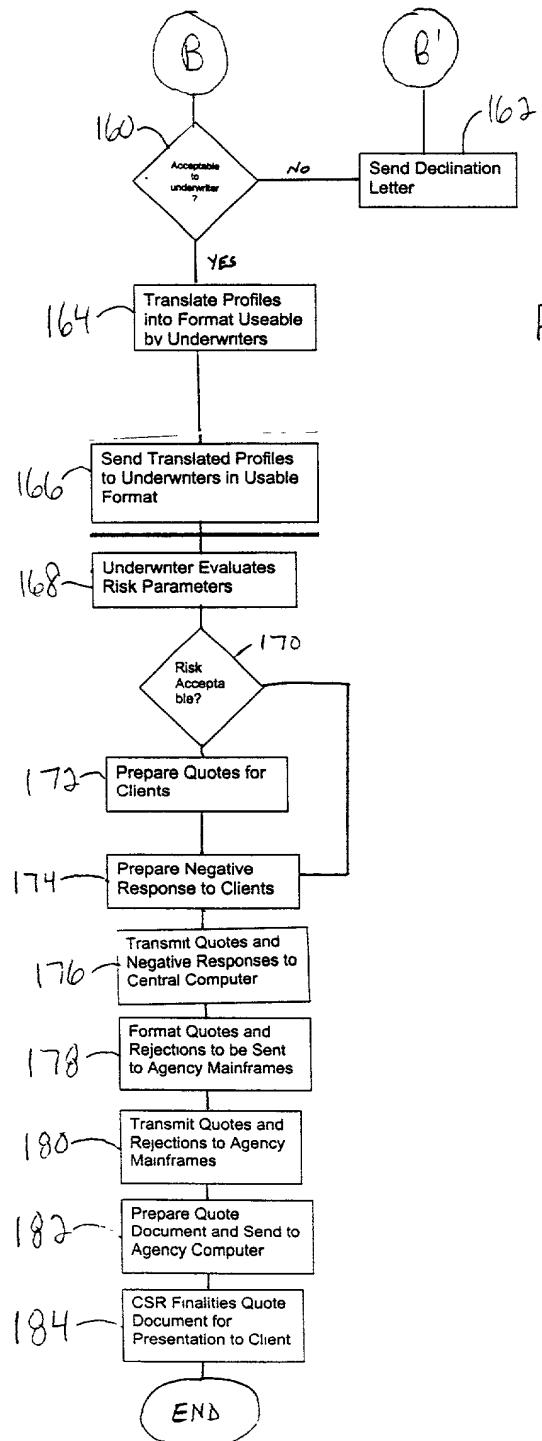
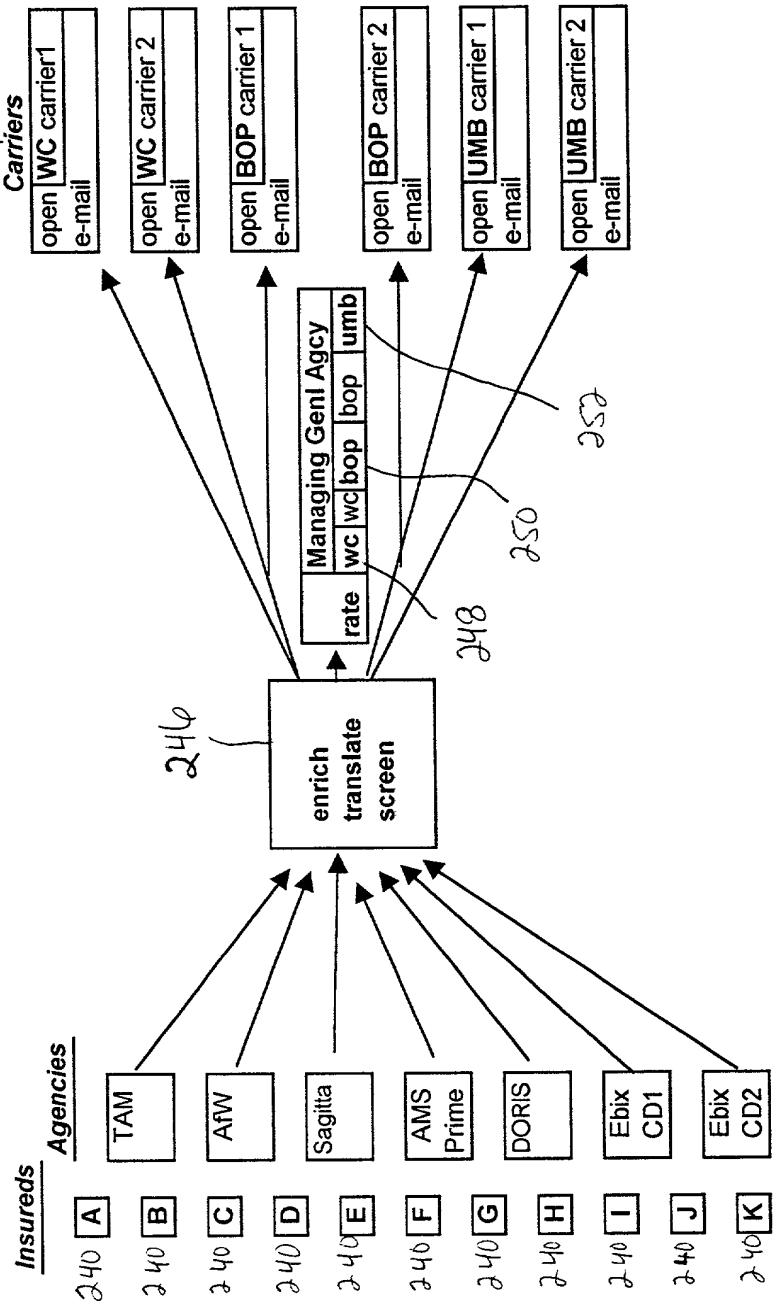


FIG. 6C

AgencyForce, Inc.

Diagram - Wholesale



6/4/01

FIG. 7

AgencyForce, Inc.

Diagram - (Mailers)

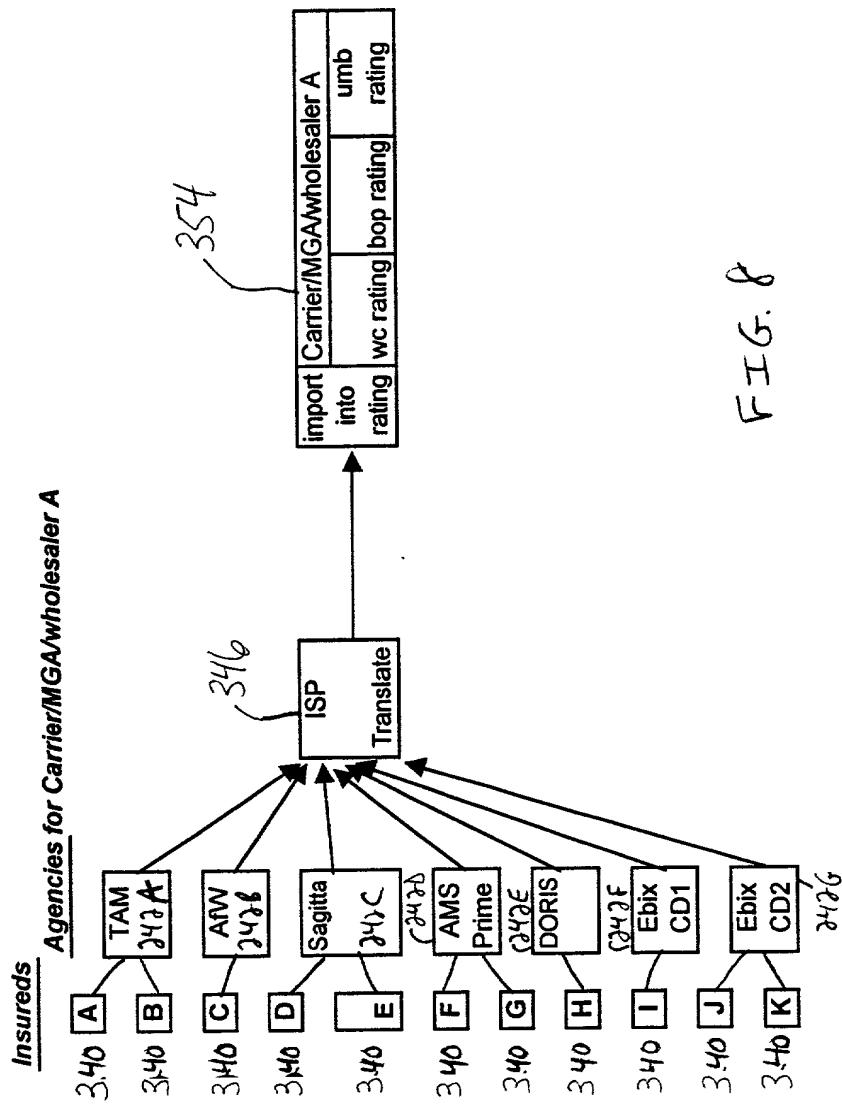


FIG. 8